



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

| | | | | | |
|---|-----------------|---|--|--------------------|-----------------------|
| 1. Entity ID Number 30883 | | 2. Exact name of the Corporation St. Vincent de Paul Home, Woonsocket | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities. | | | |
| 4. NAICS Code 813110 | | | | | |
| 6. Principal Office Address One Cathedral Square | | | City Providence | State RI | Zip 02903 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Most Rev. Richard G. Henning | | | Vice-President Name Rev. Msgr. Albert A. Kenney | | |
| Street Address One Cathedral Square | | | Street Address One Cathedral Square | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| Secretary Name Rev. Timothy D. Reilly | | | Treasurer Name Most Rev. Richard G. Henning | | |
| Street Address One Cathedral Square | | | Street Address One Cathedral Square | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Most Rev. Richard G. Henning | | | Director Name Rev. Msgr. Albert A. Kenney | | |
| Street Address One Cathedral Square | | | Street Address One Cathedral Square | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| Director Name Rev. Timothy D. Reilly | | | Director Name | | |
| Street Address One Cathedral Square | | | Street Address | | |
| City Providence | State RI | Zip 02903 | City | State | Zip |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641. | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | |
| Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary | | | | | Date 4/5/24 |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
APR 09 2024
BY ML 75834